## Dental Reimbursement Rate Change, Updated Provider Manual, New and Discontinued Procedure Codes, and New Dental Claim Form

**Effective July 1, 2014**, dental, denturist, oral surgeon, and dental hygienist provider reimbursement rates will be increased. The increase will change the conversion factor from $31.89 to $32.53. All the unspecified procedure codes (DX999) previously paid by report will no longer be payable codes. D9999 will be priced for the fee associated with mobile general anesthesia services only.

The new fee schedule dated July 1, 2014, includes age ranges, limits, and prior authorization requirements per procedure code and is posted on the Montana Medicaid Provider Information website.

New codes added by the American Dental Association and then added to the July 1, 2014, Montana Medicaid fee schedule are: D0367, D0601, D0602, D0603, D1352, D2921, D4212, D4273, and D4275. Based on changing practice standards, Medicaid has expanded dental crown coverage using procedure code D2740 Porcelain/Ceramic substrate for posterior teeth for age group 0–20.

Please begin using the 2012 version of the ADA Dental claim form. This version of the claim form will be mandatory January 1, 2015, for claims payment processing.

Updates have been made to the Dental and Denturist Program Manual to include all notices and clarifications posted in 2013 and 2014. Refer to the replacement pages on the website dated July 2014 for more information.

Please access the all Dental Program resources on the Montana Medicaid Provider Information website. If you have questions, call Provider Relations.

### Contact Information

If you have any questions, please contact Jan Paulsen at 406-444-3182 or jpaulsen@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Medicaid Provider Information website at http://medicaidprovider.hhs.mt.gov.